

United States Bankruptcy Court Eastern District of Missouri		Voluntary Petition																		
Name of Debtor (if individual, enter Last, First, Middle): Kramer, Jon L.		Name of Joint Debtor (Spouse) (Last, First, Middle): Kramer, Beverly Ann																		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): dba Kramer Company, L.L.C. dba Kramer Roofing & Restoration		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): None																		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 1977; EIN: 20-8929183		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 8114																		
Street Address of Debtor (No. and Street, City, and State) 32307 Key Road Jonesburg, MO		Street Address of Joint Debtor (No. and Street, City, and State) 32307 Key Road Jonesburg, MO																		
ZIPCODE 63351		ZIPCODE 63351																		
County of Residence or of the Principal Place of Business: Warren		County of Residence or of the Principal Place of Business: Warren																		
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																		
ZIPCODE		ZIPCODE																		
Location of Principal Assets of Business Debtor (if different from street address above):																				
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) 		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other																		
Chapter 15 Debtors Country of debtor's center of main interests: _____ Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____		Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)																		
		Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. §101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.																		
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																		
Statistical/Administrative Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1-49</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 10%;">100-199</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">200-999</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">1,000-5,000</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">5,001-10,000</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">10,001-25,000</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">25,001-50,000</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">50,001-100,000</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">Over 100,000</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> </table>			1-49	<input checked="" type="checkbox"/>	100-199	<input type="checkbox"/>	200-999	<input type="checkbox"/>	1,000-5,000	<input type="checkbox"/>	5,001-10,000	<input type="checkbox"/>	10,001-25,000	<input type="checkbox"/>	25,001-50,000	<input type="checkbox"/>	50,001-100,000	<input type="checkbox"/>	Over 100,000	<input type="checkbox"/>
1-49	<input checked="" type="checkbox"/>	100-199	<input type="checkbox"/>	200-999	<input type="checkbox"/>	1,000-5,000	<input type="checkbox"/>	5,001-10,000	<input type="checkbox"/>	10,001-25,000	<input type="checkbox"/>	25,001-50,000	<input type="checkbox"/>	50,001-100,000	<input type="checkbox"/>	Over 100,000	<input type="checkbox"/>			
Estimated Number of Creditors <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THIS SPACE IS FOR COURT USE ONLY						
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Estimated Assets <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Estimated Liabilities <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

Name of Debtor(s):

Jon L. Kramer & Beverly Ann Kramer

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: NONE	Case Number:	Date Filed:
Location Where Filed: N.A.	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: NONE	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Jon L. Kramer & Beverly Ann Kramer

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Jon L. Kramer

Signature of Debtor

X /s/ Beverly Ann Kramer

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

10/29/2012

Date

Signature of Attorney***X** /s/ John C Maxwell

Signature of Attorney for Debtor(s)

JOHN C MAXWELL #3772

Printed Name of Attorney for Debtor(s)

John C. Maxwell, Attorney at Law

Firm Name

1112 B First Capitol Drive

Address

St. Charles, MO 6330**636-947-4888 NO FAX # jcmaxlaw@aol.com**

Telephone Number

e-mail

10/29/2012

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 of title 11 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B1 D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT
Eastern District of Missouri

In re Jon L. Kramer & Beverly Ann Kramer
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: _____ /s/ Jon L. Kramer
JON L. KRAMER

Date: 10/29/2012

B1 D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT
Eastern District of Missouri

In re Jon L. Kramer & Beverly Ann Kramer
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Joint Debtor: _____ /s/ Beverly Ann Kramer
BEVERLY ANN KRAMER

Date: 10/29/2012

B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

In re Jon L. Kramer & Beverly Ann Kramer
DebtorCase No. _____
(If known)**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
32307 Key Road Jonesburg, MO 63351	Tenancy by the Entirety	J	300,000.00	Exceeds Value
		Total ►	300,000.00	

(Report also on Summary of Schedules.)

In re Jon L. Kramer & Beverly Ann Kramer
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand Debtor(s)	J	350.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Farmers Merchants Bank - Business Acct #0802 dba account--Kramer Roofing	H	4,337.43
		Farmers Merchants Bank - Personal Account Debtor(s)	J	46.92
		Jonesburg State Bank - Regular Checking Debtor(s)	H	172.82
		Jonesburg State Bank - Small Business Checking Debtor(s)	H	76.11
3. Security deposits with public utilities, telephone companies, landlords, and others.				
4. Household goods and furnishings, including audio, video, and computer equipment.	X	Piano Debtor(s)	J	500.00
		Air hockey table Debtor(s)	J	100.00
		Toro Riding Lawn Mower Debtor(s)	J	1,000.00

In re Jon L. Kramer & Beverly Ann Kramer
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
		Lawn Equipment Debtor(s)	J	500.00
		Office furniture (7 years old) Debtor(s)	J	50.00
		Stove/cooking unit Debtor(s)	J	200.00
		Refrigerator Debtor(s)	J	100.00
		Dishwasher Debtor(s)	J	75.00
		Washer/dryer Debtor(s)	J	300.00
		Microwave Debtor(s)	J	20.00
		Cooking utensils Debtor(s)	J	5.00
		Silverware/flatware Debtor(s)	J	20.00
		Cookware (pots/pans) Debtor(s)	J	500.00
		Dining room furniture Debtor(s)	J	400.00
		Tables and chairs Debtor(s)	J	100.00

In re Jon L. Kramer & Beverly Ann Kramer
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
		Bedroom furniture Debtor(s)	J	500.00
		Television(s) Debtor(s)	J	600.00
		VCR/DVD player(s) Debtor(s)	J	50.00
		DVD's Debtor(s)	J	25.00
		Compact discs Debtor(s)	J	25.00
		Living room furniture Debtor(s)	J	200.00
		Dressers/night stands Debtor(s)	J	200.00
		Lamps and accessories Debtor(s)	J	75.00
		Computer(s) Debtor(s)	J	300.00
		Computer printer(s)/fax machine(s) Debtor(s)	J	35.00
		Carpenters tools Debtor(s)	J	500.00
		Cellular/mobile phones Debtor(s)	J	200.00

In re Jon L. Kramer & Beverly Ann Kramer
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
5. Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Paintings/art Debtor(s)	J	50.00
6. Wearing apparel.		All clothing Debtor(s)	J	300.00
7. Furs and jewelry.		Wedding ring (his) Debtor(s)	H	50.00
8. Firearms and sports, photographic, and other hobby equipment.		Remington shot gun Debtor(s)	J	300.00
		Ruger Mark II Pistol Debtor(s)	J	300.00
		Compound bow Debtor(s)	J	200.00
		Marlin .30 .30 Debtor(s)	J	300.00
		Glock 40 ca. Debtor(s)	J	450.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			

In re Jon L. Kramer & Beverly Ann Kramer
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X	Kramer Company, LLC Company Liabilities exceed assets	J	1.00
14. Interests in partnerships or joint ventures. Itemize.		Kramer Roofing & Restoration Fictitiios Name registration	J	1.00
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.		Small Claims Case v. Rick Smith Lawsuit in Warren County Amount Unknown Judgment for Defendant 8/15/2012	H	0.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			

In re Jon L. Kramer & Beverly Ann Kramer
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	
			HUSBAND, WIFE, JOINT OR COMMUNITY	
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2004 Chevrolet Silverado 275,000 miles 1999 Chevrolet Jimmy SUV 190,000 miles 2005 Chevrolet Suburban 271 180,000 miles	H H W	4,000.00 1,500.00 6,000.00
26. Boats, motors, and accessories.		1999 Lowe, 80 hp engine Debtor(s)	J	4,500.00
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		14ft. lawn trailer Debtor(s)	J	600.00
30. Inventory.	X			
31. Animals.		5 dogs and 5 cats Debtor(s)	J	100.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Jon L. Kramer & Beverly Ann Kramer
 Debtor

Case No. _____
 (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
 (Check one box)

11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3) Check if debtor claims a homestead exemption that exceeds \$146,450*.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
32307 Key Road Jonesburg, MO 63351	(Husb)RSMo §513.475.	15,000.00	300,000.00
Cash on hand	(Husb)RSMo §513.430 (3)	350.00	350.00
Piano	(Wife)RSMo §513.430 (1)	500.00	500.00
Air hockey table	(Husb)RSMo §513.430 (1)	100.00	100.00
Toro Riding Lawn Mower	(Husb)RSMo §513.430 (1)	1,000.00	1,000.00
Lawn Equipment	(Husb)RSMo §513.430 (1)	500.00	500.00
1999 Lowe, 80 hp engine	(Husb)RSMo §513.430 (4)	4,000.00	4,500.00
14ft. lawn trailer	(Husb)RSMo §513.430 (4)	600.00	600.00
2004 Chevrolet Silverado	(Husb)RSMo §513.430 (3)	3,000.00	4,000.00
2005 Chevrolet Suburban 271	(Wife)RSMo §513.430 (5)	3,000.00	6,000.00
Office furniture (7 years old)	(Husb)RSMo §513.430 (4)	50.00	50.00
Wedding ring (his)	(Husb)RSMo §513.430 (2)	50.00	50.00
Farmers Merchants Bank - Business Acct #0802	(Husb)RSMo §513.430 (3) (Husb)RSMo §513.440	350.00 1,600.00	4,337.43
Stove/cooking unit	(Wife)RSMo §513.430 (1)	200.00	200.00
Refrigerator	(Wife)RSMo §513.430 (1)	100.00	100.00
Dishwasher	(Wife)RSMo §513.430 (1)	75.00	75.00
Washer/dryer	(Wife)RSMo §513.430 (1)	300.00	300.00

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Jon L. Kramer & Beverly Ann Kramer
DebtorCase No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**
(Continuation Page)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Microwave	(Wife)RSMo §513.430 (1)	20.00	20.00
Cooking utensils	(Wife)RSMo §513.430 (1)	5.00	5.00
Silverware/flatware	(Wife)RSMo §513.430 (1)	20.00	20.00
Cookware (pots/pans)	(Wife)RSMo §513.430 (1)	500.00	500.00
Dining room furniture	(Wife)RSMo §513.430 (1)	400.00	400.00
Tables and chairs	(Wife)RSMo §513.430 (1)	100.00	100.00
Bedroom furniture	(Husb)RSMo §513.430 (1) (Wife)RSMo §513.430 (1)	250.00 250.00	500.00
Television(s)	(Husb)RSMo §513.430 (1) (Wife)RSMo §513.430 (1)	300.00 300.00	600.00
VCR/DVD player(s)	(Husb)RSMo §513.430 (1)	50.00	50.00
DVD's	(Husb)RSMo §513.430 (1)	25.00	25.00
Compact discs	(Husb)RSMo §513.430 (1)	25.00	25.00
Living room furniture	(Husb)RSMo §513.430 (1) (Wife)RSMo §513.430 (1)	100.00 100.00	200.00
Dressers/night stands	(Husb)RSMo §513.430 (1) (Wife)RSMo §513.430 (1)	100.00 100.00	200.00
Lamps and accessories	(Wife)RSMo §513.430 (1)	75.00	75.00
All clothing	(Husb)RSMo §513.430 (1) (Wife)RSMo §513.430 (1)	100.00 200.00	300.00
Paintings/art	(Wife)RSMo §513.430 (1)	50.00	50.00

In re Jon L. Kramer & Beverly Ann Kramer
DebtorCase No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**
(Continuation Page)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Carpenters tools	(Husb)RSMo §513.430 (4)	500.00	500.00
Cellular/mobile phones	(Husb)RSMo §513.430 (1) (Wife)RSMo §513.430 (1)	100.00 100.00	200.00
Kramer Roofing & Restoration	(Husb)RSMo §513.430 (3)	1.00	1.00
Farmers Merchants Bank - Personal Account	(Wife)RSMo §513.430 (3)	46.92	46.92
Jonesburg State Bank - Regular Checking	(Husb)RSMo §513.430 (3)	172.82	172.82
Jonesburg State Bank - Small Business Checking	(Husb)RSMo §513.430 (3)	76.11	76.11

B6D (Official Form 6D) (12/07)

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR <small>HUSBAND, WIFE, JOINT OR COMMUNITY</small>	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
			CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO. *9196	J	Incurred: 6/2004 Lien: First Mortgage Security: 32307 Key Road, Jonesburg, MO 63351				16,400.00
Citi Mortgage P. O. Box 689196 Des Moines, IA 50368		VALUE \$ 300,000.00				316,400.00
ACCOUNT NO. *1977	H	Incurred: 2006 Lien: Tax Lien Security: 32307 Key Road, Jonesburg, MO 63351 1040 Income Taxes				31,530.29
Department of the Treasury Internal Revenue Service PO BOX 7346 Philadelphia, PA 19101-7346		VALUE \$ 300,000.00				This amount based upon existence of Superior Liens
ACCOUNT NO. *1977	J	Incurred: 2001 - 2005 Lien: Tax Liens Security: 32307 Key Road, Jonesburg, MO 63351 1040 Income Taxes				42,600.68
Department of the Treasury Internal Revenue Service PO BOX 7346 Philadelphia, PA 19101-7346		VALUE \$ 300,000.00				This amount based upon existence of Superior Liens

1 continuation sheets attached

Subtotal (Total of this page)	\$ 390,530.97	\$ 90,530.97
Total (Use only on last page)	\$	\$

(Report also on
Summary of Schedules) (If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. *1977			Incurred: 2007 Lien: Tax Lien Security: 32307 Key Road, Jonesburg, MO 63351 Missouri Income Tax Lien			1,416.44	
Missouri Department of Revenue Taxation Division P. O. Box 3800 Jefferson City, MO 65105-3800		H	VALUE \$ 300,000.00			1,416.44	This amount based upon existence of Superior Liens
ACCOUNT NO. *1977			Incurred: 2002 - 2005 Lien: Tax Lien Security: 32307 Key Road, Jonesburg, MO 63351 Missouri Tax Lien			12,985.83	
Missouri Department of Revenue Taxation Division P. O. Box 3800 Jefferson City, MO 65105-3800		J	VALUE \$ 300,000.00			12,985.83	This amount based upon existence of Superior Liens
ACCOUNT NO. *1977			Incurred: 2006 Lien: Tax Lien Security: 32307 Key Road, Jonesburg, MO 63351 Missouri Tax Lien			4,211.86	
Missouri Department of Revenue Taxation Division P. O. Box 3800 Jefferson City, MO 65105-3800		H	VALUE \$ 300,000.00			4,211.86	This amount based upon existence of Superior Liens
ACCOUNT NO.			VALUE \$				
ACCOUNT NO.			VALUE \$				
ACCOUNT NO.			VALUE \$				

Sheet no. 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Subtotal (s) (Total(s) of this page)	\$ 18,614.13	\$ 18,614.13
Total(s) (Use only on last page)	\$ 409,145.10	\$ 109,145.10

(Report also on
Summary of Schedules) also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6E (Official Form 6E) (04/10)

In re Jon L. Kramer & Beverly Ann Kramer
DebtorCase No. _____
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (04/10) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(if known) **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

 Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

**Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

B6E (Official Form 6E) (04/10) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**
(Continuation Sheet) Sec. 507(a)(8)**Type of Priority for Claims Listed on This Sheet**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above..)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. *1977									
Department of the Treasury Internal Revenue Service PO BOX 7346 Philadelphia, PA 19101-7346	J		Incurred: 2001 - 2005 Consideration: Income Taxes Lien Recorded 2/4/2008				42,600.68	42,600.68	0.00
ACCOUNT NO. *1977									
Missouri Department of Revenue Taxation Division P. O. Box 3800 Jefferson City, MO 65105-3800	H		Incurred: 2007 Consideration: Tax Lien Lien recorded 9/2/2008				1,416.44	1,416.44	0.00
ACCOUNT NO. *1977									
Missouri Department of Revenue Taxation Division P. O. Box 3800 Jefferson City, MO 65105-3800	J		Incurred: 2002 - 2005 Consideration: Tax Lien Lien recorded 9/2/2008				12,985.83	12,985.83	0.00
ACCOUNT NO. *1977									
Missouri Department of Revenue Taxation Division P. O. Box 3800 Jefferson City, MO 65105-3800	H		Incurred: 2006 Consideration: Tax Lien Lien recorded 9/2/2008				4,211.86	4,211.86	0.00
Sheet no. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims				Subtotal (Totals of this page)	\$ 61,214.81	\$ 61,214.81	\$ 0.00		
Total (Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)				\$					
Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)				\$					

B6E (Official Form 6E) (04/10) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet) Sec. 507(a)(9)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above..)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. *1977									
Department of the Treasury Internal Revenue Service PO BOX 7346 Philadelphia, PA 19101-7346	H		Incurred: 2006 Consideration: Federal Tax Lien Recorder of Deeds - Warren County Lien Recorded 2/4/2008				31,530.29	0.00	31,530.29
ACCOUNT NO. *1977									
Department of the Treasury Internal Revenue Service PO BOX 7346 Philadelphia, PA 19101-7346	J		Incurred: 2001 - 2005 Consideration: Federal Income Taxes Recorder of Deeds - Warren County Federal Tax Lien Recorded 2/4/2008				42,600.68	0.00	42,600.68
ACCOUNT NO.									
ACCOUNT NO.									
Sheet no. <u>2</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims			Subtotal (Totals of this page)	\$ 74,130.97	\$ 0.00	\$ 74,130.97			
			Total (Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)	\$ 135,345.78					
			Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)	\$ 61,214.81	\$ 74,130.97				

B6F (Official Form 6F) (12/07)

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. *8924		Incurred: 2010 Consideration: Cellular Telephone			1,033.00
A T & T Mobility c/o NCO Financial P. O. Box 15636 Wilmington, DE 19850	W				
ACCOUNT NO. *8660		Incurred: 2007 Consideration: Credit card debt			182.00
Account Resolution Corp. 17600 Chesterfield, Ste. 201 Chesterfield, MO 63005	W				
ACCOUNT NO. **9417		Incurred: 2012 Consideration: Utility Service			279.00
Ameren UE c/o Torres Credit Services 27 Fairview Carlisle, PA 17013	W				
ACCOUNT NO. *6017		Incurred: 2008 Consideration: Utility Service			57.71
Ameren UE PO Box 66529 St. Louis Mo. 63166	H				
Subtotal ➤					\$ 1,551.71
Total ➤					\$

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. 1011-CV10064			Incurred: 2/28/2011 Consideration: Judgment Judgment Entered in St. Charles Circuit Div on 2/28/2011 - Business Debt			41,315.12
Arrowhead Building Supply, Inc. Attn: Philip W. Mann, Attorney 13 Guenther Blvd. St. Peters, MO 63376	H					
ACCOUNT NO. *5340			Incurred: 2010 Consideration: Medical Services			1,458.00
Benrus Surgical Group Assoc., Inc. c/o Account Resolution Group 17600 Chesterfield, Suite 201 Chesterfield, MO 63005	W					
ACCOUNT NO. Kramer Roofing			Incurred: 2008 Consideration: Revolving charge account Kramer Roofing - Business Debt			2,600.00
Bradco Supply 6000 Howdershell Road Hazelwood, MO 63042	H					
ACCOUNT NO. *4135			Incurred: 2012 Consideration: Phone			2,066.00
Century Link c/o Enhanced Recovery 8014 Bayberry Road Jacksonville, FL 32256	H					
ACCOUNT NO. *7158			Incurred: 2012 Consideration: Utility Service Business Debt			215.36
Century Link c/o The Berry Company P. O. Box 790334 St. Louis, MO 63179	J					
Sheet no. <u>1</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 47,654.48	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. *81N1			Incurred: 2012 Consideration: Collection Agency			
Chase Bank One Card Serv. c/o Riverwalk Holdings, LLC 1132 Glade Road Colleyville, TX 76034	W					Notice Only
ACCOUNT NO. *8835			Incurred: 2009 Consideration: Credit card debt			
Chase Bank One Card Serv. P. O. Box 15298 Wilmington, DE 19850	W					818.00
ACCOUNT NO. T0681448-62			Incurred: 2006 Consideration: Credit card debt Advantage Assets II, Inc. Assignee of Citibank (South Dakota) N.A.			
Citibank c/o Berman & Rabin 15280 Metcalf Avenue Overland Park, KS 66223	W					Notice Only
ACCOUNT NO. *3588			Incurred: 2010 Consideration: Credit card debt			
Citibank c/o Midland Funding, LLC 8875 Aero Drive, Suite 200 San Diego, CA 92123	W					1,208.00
ACCOUNT NO. 2992*			Incurred: 2008 Consideration: Credit card debt			
Citibank CPU 110 Lake Drive Citi Private Labels Cons Newark, DE 19702	W					750.00
Sheet no. <u>2</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 2,776.00	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. *9927			Incurred: 2012 Consideration: Credit card debt			
Citibank CPU P. O. Box 6497 Sioux Falls, SD 57117	W					1,049.00
ACCOUNT NO. 2992*			Incurred: 2008 Consideration: Credit card debt			
Conoco/Phillips Union 76 c/o Citibank P. O. Box 6497 Sioux Falls, SD 57117	W					1,049.00
ACCOUNT NO. *1677			Incurred: 2012 Consideration: Building Materials Business Debt			
Contractors Supply 1700 W. Terra Lane O'Fallon, MO 63366	H					250.37
ACCOUNT NO.			Incurred: 2012 Consideration: Revolving charge account Business Debt			
Contractors Supply 1760 West Terera Lane O'Fallon, MO 63366	X	H				16,758.65
ACCOUNT NO. *1731			Incurred: 2009 Consideration: Medical Services			
Day Knight & Associates PO Box 5 Grover MO 63040	W					384.00

Sheet no. 3 of 17 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal ► \$ 19,491.02
Total ► \$(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. *9479			Incurred: 2010 Consideration: Collection Agency			
Direct TV c/o First National Coll. Bureau, Inc. 610 Waltham Way Sparks, NV 89434	W					Notice Only
ACCOUNT NO. 2229*			Incurred: 2012 Consideration: Direct TV			
Direct TV c/o NCO Financial Systems P. O. Box 4935 Trenton, NJ 08650	W					806.00
ACCOUNT NO. *5724			Incurred: 2008 Consideration: Credit card debt			
First National Collection 610 Waltham Way Sparks, NV 89434	W					171.71
ACCOUNT NO.			Incurred: 2012 Consideration: Building Supplies Counsel for Contractors Roofing & Supply			
Garry Seltzer, Esq. Attorney for Beacon Sales Acquisition 222 South Central, Ste 1004 Clayton, MO 63105	X	H				Notice Only
ACCOUNT NO. *5970			Incurred: 2012 Consideration: Credit card debt			
GMAC P. O. Box 380902 Bloomington, MN 55438	J					397.44
Sheet no. <u>4</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 1,375.15	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. **5970 GMAC PO Box 380902 Bloomington, MN 55438			Incurred: 2012 Consideration: Credit card debt			397.44
ACCOUNT NO. 2551* Go Daddy c/o Cetergy P. O. Box 30046 Tampa, FL 33630		W	Incurred: 2007 Consideration: Internet			29.00
ACCOUNT NO. *9016 Jeffrey Johnson, DDS 2333 Grisom St. Louis, MO 63146		H	Incurred: 2011 Consideration: Medical Services			5,100.00
ACCOUNT NO. *5376 Lake Forest Emergency Group, LLC c/o Patient Financial Management Serv. P. O. Box 731667 Dallas, TX 75373-1167		H	Incurred: 2012 Consideration: Collection Agency			Notice Only
ACCOUNT NO. *3715 Lake Forest Emergency Group, LLC P. O. Box 770 Larkspur, CO 80118		W	Incurred: 2012 Consideration: Medical Services			1,129.00
Sheet no. <u>5</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►		\$ 6,655.44
				Total ►		\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. *4626			Incurred: 2012 Consideration: Medical Services			
Lake Forest Emergency Group, LLC P. O. Box 770 Larkspur, CO 80118	H					1,208.00
ACCOUNT NO. 12GA-CC00002			Incurred: 5/30/2012 Consideration: Judgment Judgment Entered in Gasconade County 5/30/2012 - Business Debt			
Laser Light Technologies, Inc. 5 Danuser Drive Hermann, MO 65041	H					77,306.50
ACCOUNT NO. 12GA-CC00002			Incurred: 5/30/2012 Consideration: Judgment Judgment Entered in Gasconade County 5/30/2012 - Business Debt 5/30/2012 - Business Debt/Judgment against Kramer Company, LLC			
Laser Light Technologies, Inc. c/o Christopher W. Byrd, Attorney 4131 N. Mulberry Dr., Suite 200 Kansas City, MO 64116	H					Notice Only
ACCOUNT NO. *2396			Incurred: 6/2011 Consideration: Medical Services			
LCA Collections P. O. Box 2240 Burlington, NC 27216-2240	W					61.50
ACCOUNT NO. 1211-SC00011			Incurred: 2012 Consideration: Judgment			
Lisa Phelps Phelps Seamless Gutters 108 Westwood Trails Foristell, MO 63348	H					5,070.00
Sheet no. <u>6</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 83,646.00	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. *9059	J	Incurred: 2008 Consideration: Credit card debt Kramer Roofing - Business Debt			2,099.83
LVNV Funding, LLC - Citibank Berman & Rabin, PA 15280 Metcalf Avenue Overland Park, KS 66223	H	Incurred: 2008 Consideration: Gas Company			491.00
ACCOUNT NO. 1660*	H	Incurred: 2012 Consideration: Medical Services			428.00
Med. Primary Care Drs. c/o Tech Collect P. O. Box 1269 Columbus, OH 43216	H	Incurred: 2012 Consideration: Credit card debt			1,371.32
ACCOUNT NO. *5056	W	Incurred: 2012 Consideration: Credit card debt			1,208.00
Midland Funding, L.L.C. c/o Gamache & Myers, P.C. 1000 Camera Ave., Suite A Crestwood, MO 63126					
ACCOUNT NO. 8535*					
Midland Funding, LLC 8875 Aero Drive, Suite 200 San Diego, CA 92123					
Sheet no. <u>7</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal ► \$ 5,598.15
					Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. *1977			Incurred: 2006 Consideration: Dischargeable Income Taxes			
Missouri Department of Revenue PO Box 200 Jefferson City, MO 63105-0200	H					4,211.86
ACCOUNT NO. *1977			Incurred: 2007 Consideration: Income Taxes Dischargeable Income Taxes			
Missouri Department of Revenue PO Box 200 Jefferson City, MO 63105-0200	H					1,416.44
ACCOUNT NO. *1977			Incurred: 2002 - 2005 Consideration: Dischargeable Income Taxes			
Missouri Department of Revenue PO Box 200 Jefferson City, MO 63105-0200	J					12,985.83
ACCOUNT NO. *9216			Incurred: 2012 Consideration: Credit card debt			
Pinnacle Financial Group Link Revenue Resources 7825 Washington Ave. South, Suite 310 Minneapolis, MN 55439	W					621.00
ACCOUNT NO. *9840			Incurred: 2012 Consideration: Medical Services			
Primary Care Physicians c/o TEK Collect P. O. Box 1269 Columbus, OH 43216	J					428.00
Sheet no. <u>8</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 19,663.13	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. *8037			Incurred: 2012 Consideration: Medical Services			
Radiologic Imaging c/o Account Resolution Corp. P. O. Box 3860 Chesterfield, MO 63006-3860	W					1,798.61
ACCOUNT NO. *2291			Incurred: 2012 Consideration: Medical Services			
Radiologic Imaging c/o NCO Financial Systems, Inc. 2135 E. Primrose, Suite Q Springfield, MO 65804	W					221.10
ACCOUNT NO. *4008			Incurred: 2009 Consideration: Medical Services			
Radiologic Imaging c/o NCO Financial Systems, Inc. 2135 E. Primrose, Suite Q Springfield, MO 65804	W					326.48
ACCOUNT NO. *8101			Incurred: 2012 Consideration: Medical Services			
Radiologic Imaging P. O. Box 780 St. Charles, MO 63302-0780	H					23.76
ACCOUNT NO. *2291			Incurred: 2012 Consideration: Medical Services			
Radiologic Imaging Consultants, LLP P. O. Box 780 St. Charles, MO 63302-0780	W					158.67

Sheet no. 9 of 17 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal ➤ \$ 2,528.62
Total ➤ \$(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. *5285			Incurred: 2012 Consideration: Medical Services			
Radiological Imaging c/o NCO Financial/55 P. O. Box 13570 Philadelphia, PA 19101	J					76.00
ACCOUNT NO. *35N1			Incurred: 2012 Consideration: Collection Agency Internet Service			
Socket Internet c/o Shaffer & Associates 101 S. 5th Street, Suite 100 Columbia, MO 65201	J					127.00
ACCOUNT NO. *6573			Incurred: 2012 Consideration: Telephone Services			
Sprint c/o Source Receivables Management P. O. Box 4068 Greensboro, NC 27404	H					1,280.00
ACCOUNT NO. *0049			Incurred: 3/2012 Consideration: Medical Services			
SSM Health Care Dept. 0060 Payment Processing Center P. O. Box 801776 Kansas City, MO 64180-1776	H					2,570.55
ACCOUNT NO. *3248			Incurred: 2012 Consideration: Medical Services			
SSM Medical Group P. O. Box 795100 St. Louis, MO 63179	H					223.00
Sheet no. <u>10</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 4,276.55	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. *5694			Incurred: 2012 Consideration: Medical Services			
SSM Medical Group P. O. Box 795100 St. Louis, MO 63179-0700	W					57.00
ACCOUNT NO. *4405			Incurred: 2012 Consideration: Medical Services			
SSM Medical Group West c/o Grissom Services, Inc. 2333 Grissom Dr., Suite 103 St. Louis, MO 63146	W					202.80
ACCOUNT NO. *5097			Incurred: 2010 Consideration: Medical Services			
SSM Physicians c/o NCO Financial Systems, Inc. 2135 E. Primrose, Suite Q Springfield, MO 65804	W					308.00
ACCOUNT NO. *0145			Incurred: 2012 Consideration: Medical Services			
SSM St. Charles Clinic Med Grp P. O. Box 795100 St. Louis, MO 63179	H					22.00
ACCOUNT NO. *3688			Incurred: 2009 Consideration: Medical Services			
SSM St. Joseph Hosp. West c/o First Source Advantage, LLC 7650 Magna Drive Belleville, IL 62223	W					600.00
Sheet no. <u>11</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 1,189.80	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. *9456			Incurred: 2009 Consideration: Medical Services			
SSM St. Joseph Hosp. West c/o First Source Advantage, LLC 7650 Magna Drive Belleville, IL 62223	W					500.00
ACCOUNT NO. *1524			Incurred: 2009 Consideration: Medical Services			
SSM St. Joseph Hosp. West c/o First Source Advantage, LLC 7650 Magna Drive Belleville, IL 62223	W					6,143.00
ACCOUNT NO. *1523			Incurred: 2009 Consideration: Medical Services			
SSM St. Joseph Hosp. West c/o First Source Advantage, LLC 7650 Magna Drive Belleville, IL 62223	W					8,208.00
ACCOUNT NO. *2988			Incurred: 2009 Consideration: Medical Services			
St. Charles Medical Group c/o Berlin-Wheeler Inc. - MO P. O. Box 463 Jefferson City, MO 65102	W					157.00
ACCOUNT NO. *0386			Incurred: 2008 Consideration: Medical Services			
St. Charles Medical Group c/o Berlin-Wheeler, Inc. - MO P. O. Box 463 Jefferson City, MO 65102	W					67.00
Sheet no. <u>12</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 15,075.00	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. *2989			Incurred: 2012 Consideration: Medical Services			
St. Charles Medical Group c/o Berlin-Wheeler, Inc. - MO P. O. Box 463 Jefferson City, MO 65102	W					85.00
ACCOUNT NO. *2990			Incurred: 2009 Consideration: Medical Services			
St. Charles Medical Group c/o Berlin-Wheeler, Inc. - MO P. O. Box 463 Jefferson City, MO 65102	W					102.00
ACCOUNT NO. *2991			Incurred: 2009 Consideration: Medical Services			
St. Charles Medical Group c/o Berlin-Wheeler, Inc. - MO P. O. Box 463 Jefferson City, MO 65102	W					85.00
ACCOUNT NO. *2992			Incurred: 2009 Consideration: Medical Services			
St. Charles Medical Group c/o Berlin-Wheeler, Inc. - MO P. O. Box 463 Jefferson City, MO 65102	W					85.00
ACCOUNT NO. *2993			Incurred: 2009 Consideration: Medical Services			
St. Charles Medical Group c/o Berlin-Wheeler, Inc. - MO P. O. Box 463 Jefferson City, MO 65102	W					102.00
Sheet no. <u>13</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 459.00	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. *1256			Incurred: 2007 Consideration: Medical Services			285.00
St. Joseph Health Center c/o NCO Financial/55 P. O. Box 13570 Philadelphia, PA 19101	W					
ACCOUNT NO. *1332			Incurred: 2007 Consideration: Medical Services			1,077.00
St. Joseph Health Center c/o NCO Financial/55 P. O. Box 13570 Philadelphia, PA 19101	W					
ACCOUNT NO. *0934			Incurred: 2007 Consideration: Medical Services			1,616.00
St. Joseph Hospital West c/o NCO Financial/55 P. O. Box 13570 Philadelphia, PA 19101	H					
ACCOUNT NO. *5201			Incurred: 2008 Consideration: Medical Services			110.00
St. Joseph Hospital West c/o NCO Financial/55 P. O. Box 13570 Philadelphia, PA 19101	H					
ACCOUNT NO. *3473			Incurred: 2010 Consideration: Medical Services			1,208.00
St. Joseph Hospital West c/o PFMS P. O. Box 731667 Dallas, TX 75373	W					
Sheet no. <u>14</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 4,296.00	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. *0762	H	Incurred: 3/2012 Consideration: Medical Services			61.00
St. Joseph West Phy Billing P. O. Box 503859 St. Louis, MO 63150-3859					
ACCOUNT NO. *6507	W	Incurred: 2009 Consideration: Medical Services			894.00
St. Joseph West Physicians c/o NCO Financial Systems, Inc. 2135 E. Primrose, Suite Q Springfield, MO 65804					
ACCOUNT NO. *5044	J	Incurred: 2012 Consideration: Medical Services			140.00
St. Joseph West Physicians c/o NCO Financial/55 P. O. Box 13570 Philadelphia, PA 19101					
ACCOUNT NO. *6505	W	Incurred: 2009 Consideration: Medical Services			422.00
St. Joseph West Physicians c/o NCO Financial Systems, Inc. 2135 E. Primrose, Suite Q Springfield, MO 65804					
ACCOUNT NO. *0003	J	Incurred: 2012 Consideration: Advertising Kramer Co - Business Debt			3,509.83
SW Bell Yellow Pages c/o Joseph, Mann & Creed 20600 Chagrin Blvd., Suite 550 Shaker Heights, OH 44122					
Sheet no. <u>15</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ►		\$ 5,026.83
			Total ►		\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. *0001 SW Bell Yellow Pages Joseph, Mann & Creed 20600 Chagrin Blvd., Ste. 550 Shaker Heights, OH 44122		J	Incurred: 2012 Consideration: Advertising			1,147.12
ACCOUNT NO. *0002 SW Bell Yellow Pages Joseph, Mann & Creed 20600 Chagrin Blvd., Suite 550 Shaker Heights, OH 44122		J	Incurred: 2008 Consideration: Advertising Jon & Beverly Kramer			9,186.77
ACCOUNT NO. *0800 SW Bell Yellow Pages Joseph, Mann & Creed 20600 Chagrin Blvd., Suite 550 Shaker Heights, OH 44122		J	Incurred: 2009 Consideration: Advertising Kramer Roofing & Restoration Business Debt			290.90
ACCOUNT NO. 11-2501 and 11-2502 U.S. Department of Labor c/o Evert H. Van Wijk Two Pershing Square Bldg. 2300 Main Street, Suite 1020 Kansas City, MO 64108		X H	Incurred: 2012 Consideration: Lawsuit OSHA Docket - U.S. Occupational Safety and Health Review Commission			Notice Only
ACCOUNT NO. *5486 Vantage Credit Union 4020 Fee Fee Road Bridgeton, MO 63044		J	Incurred: 2009 Consideration: Personal loan			10,439.00
Sheet no. <u>16</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ 21,063.79	
				Total ►	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jon L. Kramer & Beverly Ann Kramer,
DebtorCase No. _____
(If known)SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. *1773				
Warren Co. Ambulance 604 Fairgrounds Rd. Warrenton, MO 63383-4420	H	Incurred: 2012 Consideration: Medical Services		835.25
ACCOUNT NO.				
Sheet no. <u>17</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ➤	\$ 835.25
			Total ➤	\$ 243,161.92

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Jon L. Kramer & Beverly Ann Kramer

Case No.

Debtor

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re Jon L. Kramer & Beverly Ann Kramer
Debtor

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

In re Jon L. Kramer & Beverly Ann Kramer

Case

(if known)

Debtor

SCHEDEULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: <u>Married</u>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <u>Son, Son</u>	AGE(S): <u>21, 12</u>
Employment:	DEBTOR	SPOUSE
Occupation	Self-Employed	Unemployed
Name of Employer	Kramer Company, L.L.C.	N/A
How long employed	26 Years	
Address of Employer	Kramer Roofing & Restoration	
	Jonesburg, MO 63357	

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)	\$ <u>3,500.00</u>	\$ <u>0.00</u>
2. Estimated monthly overtime	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL	\$ <u>3,500.00</u>	\$ <u>0.00</u>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ <u>0.00</u>	\$ <u>0.00</u>
b. Insurance	\$ <u>0.00</u>	\$ <u>0.00</u>
c. Union Dues	\$ <u>0.00</u>	\$ <u>0.00</u>
d. Other (Specify: _____)	\$ <u>0.00</u>	\$ <u>0.00</u>
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <u>0.00</u>	\$ <u>0.00</u>
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>3,500.00</u>	\$ <u>0.00</u>
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ <u>0.00</u>	\$ <u>0.00</u>
8. Income from real property	\$ <u>0.00</u>	\$ <u>0.00</u>
9. Interest and dividends	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ <u>0.00</u>	\$ <u>0.00</u>
11. Social security or other government assistance (Specify) _____	\$ <u>0.00</u>	\$ <u>0.00</u>
12. Pension or retirement income	\$ <u>0.00</u>	\$ <u>0.00</u>
13. Other monthly income (Specify) _____	\$ <u>0.00</u>	\$ <u>0.00</u>
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ <u>0.00</u>	\$ <u>0.00</u>
15. AVERAGE MONTHLY INCOME (Add amounts shown on Lines 6 and 14)	\$ <u>3,500.00</u>	\$ <u>0.00</u>
16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15)		\$ <u>3,500.00</u>

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Hope to gain job as substitute teacher

In re Jon L. Kramer & Beverly Ann Kramer

Debtor

Case No.

(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,535.00
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No _____	
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No _____	
2. Utilities: a. Electricity and heating fuel	\$ 100.00
b. Water and sewer	\$ 25.00
c. Telephone	\$ 250.00
d. Other _____	\$ 0.00
3. Home maintenance (repairs and upkeep)	\$ 125.00
4. Food	\$ 500.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 25.00
7. Medical and dental expenses	\$ 300.00
8. Transportation (not including car payments)	\$ 700.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 200.00
10. Charitable contributions	\$ 0.00
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ 0.00
b. Life	\$ 0.00
c. Health	\$ 0.00
d. Auto	\$ 207.82
e. Other _____	\$ 0.00
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) <u>Personal Property</u>	\$ 34.25
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 0.00
b. Other _____	\$ 0.00
c. Other _____	\$ 0.00
14. Alimony, maintenance, and support paid to others	\$ 0.00
15. Payments for support of additional dependents not living at your home	\$ 0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ 0.00
17. Other <u>Taxes</u>	\$ 250.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	\$ 4,352.07
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 3,500.00
b. Average monthly expenses from Line 18 above	\$ 4,352.07
c. Monthly net income (a. minus b.)	\$ -852.07

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Eastern District of MissouriIn re _____
Jon L. Kramer & Beverly Ann Kramer
DebtorCase No. _____
Chapter 7 _____**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 300,000.00		
B - Personal Property	YES	6	\$ 30,215.28		
C - Property Claimed as exempt	YES	3			
D - Creditors Holding Secured Claims	YES	2		\$ 409,145.10	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	4		\$ 135,345.78	
F - Creditors Holding Unsecured Nonpriority Claims	YES	18		\$ 243,161.92	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 3,500.00
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 4,352.07
TOTAL		38	\$ 330,215.28	\$ 787,652.80	

United States Bankruptcy Court
Eastern District of MissouriIn re Jon L. Kramer & Beverly Ann Kramer
DebtorCase No. _____
Chapter 7**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ N.A.
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ N.A.
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ N.A.
Student Loan Obligations (from Schedule F)	\$ N.A.
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ N.A.
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ N.A.
TOTAL	\$ N.A.

State the Following:

Average Income (from Schedule I, Line 16)	\$ N.A.
Average Expenses (from Schedule J, Line 18)	\$ N.A.
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ N.A.

State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ N.A.
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ N.A.
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ N.A.
4. Total from Schedule F	\$ N.A.
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ N.A.

Jon L. Kramer & Beverly Ann Kramer

In re _____

Debtor

Case No. _____

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 40 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 10/29/2012

Signature: /s/ Jon L. Kramer
Debtor

Date 10/29/2012

Signature: /s/ Beverly Ann Kramer
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

A T & T Mobility
c/o NCO Financial
P. O. Box 15636
Wilmington, DE 19850

Account Resolution Corp.
17600 Chesterfield, Ste. 201
Chesterfield, MO 63005

Ameren UE
c/o Torres Credit Services
27 Fairview
Carlisle, PA 17013

Ameren UE
PO Box 66529
St. Louis Mo. 63166

Arrowhead Building Supply, Inc.
Attn: Philip W. Mann, Attorney
13 Guenther Blvd.
St. Peters, MO 63376

Benrus Surgical Group Assoc., Inc.
c/o Account Resolution Group
17600 Chesterfield, Suite 201
Chesterfield, MO 63005

Bradco Supply
6000 Howdershell Road
Hazelwood, MO 63042

Century Link
c/o Enhanced Recovery
8014 Bayberry Road
Jacksonville, FL 32256

Century Link
c/o The Berry Company
P. O. Box 790334
St. Louis, MO 63179

Chase Bank One Card Serv.
c/o Riverwalk Holdings, LLC
1132 Glade Road
Colleyville, TX 76034

Chase Bank One Card Serv.
P. O. Box 15298
Wilmington, DE 19850

Citi Mortgage
P. O. Box 689196
Des Moines, IA 50368

Citibank
c/o Berman & Rabin
15280 Metcalf Avenue
Overland Park, KS 66223

Citibank
c/o Midland Funding, LLC
8875 Aero Drive, Suite 200
San Diego, CA 92123

Citibank CPU
110 Lake Drive
Citi Private Labels Cons
Newark, DE 19702

Citibank CPU
P. O. Box 6497
Sioux Falls, SD 57117

Conoco/Phillips Union 76
c/o Citibank
P. O. Box 6497
Sioux Falls, SD 57117

Contractors Supply
1700 W. Terra Lane
O'Fallon, MO 63366

Contractors Supply
1760 West Terera Lane
O'Fallon, MO 63366

Day Knight & Associates
PO Box 5
Grover MO 63040

Department of the Treasury
Internal Revenue Service
PO BOX 7346
Philadelphia, PA 19101-7346

Department of the Treasury
Internal Revenue Service
PO BOX 7346
Philadelphia, PA 19101-7346

Department of the Treasury
Internal Revenue Service
PO BOX 7346
Philadelphia, PA 19101-7346

Department of the Treasury
Internal Revenue Service
PO BOX 7346
Philadelphia, PA 19101-7346

Department of the Treasury
Internal Revenue Service
PO BOX 7346
Philadelphia, PA 19101-7346

Direct TV
c/o First National Coll. Bureau, Inc.
610 Waltham Way
Sparks, NV 89434

Direct TV
c/o NCO Financial Systems
P. O. Box 4935
Trenton, NJ 08650

First National Collection
610 Waltham Way
Sparks, NV 89434

Garry Seltzer, Esq.
Attorney for Beacon Sales Acquisition
222 South Central, Ste 1004
Clayton, MO 63105

GMAC
P. O. Box 380902
Bloomington, MN 55438

GMAC
PO Box 380902
Bloomington, MN 55438

Go Daddy
c/o Cetergy
P. O. Box 30046
Tampa, FL 33630

Jeffrey Johnson, DDS
2333 Grisom
St. Louis, MO 63146

Lake Forest Emergency Group, LLC
c/o Patient Financial Management Serv.
P. O. Box 731667
Dallas, TX 75373-1167

Lake Forest Emergency Group, LLC
P. O. Box 770
Larkspur, CO 80118

Lake Forest Emergency Group, LLC
P. O. Box 770
Larkspur, CO 80118

Laser Light Technologies, Inc.
5 Danuser Drive
Hermann, MO 65041

Laser Light Technologies, Inc.
c/o Christopher W. Byrd, Attorney
4131 N. Mulberry Dr., Suite 200
Kansas City, MO 64116

LCA Collections
P. O. Box 2240
Burlington, NC 27216-2240

Lisa Phelps
Phelps Seamless Gutters
108 Westwood Trails
Foristell, MO 63348

LVNV Funding, LLC - Citibank
Berman & Rabin, PA
15280 Metcalf Avenue
Overland Park, KS 66223

Marlen Gas
c/o Professional Adj. Serv.
450 10th Cir. North
Nashville, TN 37203

Med. Primary Care Drs.
c/o Tech Collect
P. O. Box 1269
Columbus, OH 43216

Midland Funding, L.L.C.
c/o Gamache & Myers, P.C.
1000 Camera Ave., Suite A
Crestwood, MO 63126

Midland Funding, LLC
8875 Aero Drive, Suite 200
San Diego, CA 92123

Missouri Department of Revenue
PO Box 200
Jefferson City, MO 63105-0200

Missouri Department of Revenue
PO Box 200
Jefferson City, MO 63105-0200

Missouri Department of Revenue
PO Box 200
Jefferson City, MO 63105-0200

Missouri Department of Revenue
Taxation Division
P. O. Box 3800
Jefferson City, MO 65105-3800

Missouri Department of Revenue
Taxation Division
P. O. Box 3800
Jefferson City, MO 65105-3800

Missouri Department of Revenue
Taxation Division
P. O. Box 3800
Jefferson City, MO 65105-3800

Missouri Department of Revenue
Taxation Division
P. O. Box 3800
Jefferson City, MO 65105-3800

Missouri Department of Revenue
Taxation Division
P. O. Box 3800
Jefferson City, MO 65105-3800

Missouri Department of Revenue
Taxation Division
P. O. Box 3800
Jefferson City, MO 65105-3800

Pinnacle Financial Group
Link Revenue Resources
7825 Washington Ave. South, Suite 310
Minneapolis, MN 55439

Primary Care Physicians
c/o TEK Collect
P. O. Box 1269
Columbus, OH 43216

Radiologic Imaging
c/o Account Resolution Corp.
P. O. Box 3860
Chesterfield, MO 63006-3860

Radiologic Imaging
c/o NCO Financial Systems, Inc.
2135 E. Primrose, Suite Q
Springfield, MO 65804

Radiologic Imaging
c/o NCO Financial Systems, Inc.
2135 E. Primrose, Suite Q
Springfield, MO 65804

Radiologic Imaging
P. O. Box 780
St. Charles, MO 63302-0780

Radiologic Imaging Consultants, LLP
P. O. Box 780
St. Charles, MO 63302-0780

Radiological Imaging
c/o NCO Financial/55
P. O. Box 13570
Philadelphia, PA 19101

Socket Internet
c/o Shaffer & Associates
101 S. 5th Street, Suite 100
Columbia, MO 65201

Sprint
c/o Source Receivables Management
P. O. Box 4068
Greensboro, NC 27404

SSM Health Care Dept. 0060
Payment Processing Center
P. O. Box 801776
Kansas City, MO 64180-1776

SSM Medical Group
P. O. Box 795100
St. Louis, MO 63179

SSM Medical Group
P. O. Box 795100
St. Louis, MO 63179-0700

SSM Medical Group West
c/o Grissom Services, Inc.
2333 Grissom Dr., Suite 103
St. Louis, MO 63146

SSM Physicians
c/o NCO Financial Systems, Inc.
2135 E. Primrose, Suite Q
Springfield, MO 65804

SSM St. Charles Clinic Med Grp
P. O. Box 795100
St. Louis, MO 63179

SSM St. Joseph Hosp. West
c/o First Source Advantage, LLC
7650 Magna Drive
Belleville, IL 62223

SSM St. Joseph Hosp. West
c/o First Source Advantage, LLC
7650 Magna Drive
Belleville, IL 62223

SSM St. Joseph Hosp. West
c/o First Source Advantage, LLC
7650 Magna Drive
Belleville, IL 62223

SSM St. Joseph Hosp. West
c/o First Source Advantage, LLC
7650 Magna Drive
Belleville, IL 62223

St. Charles Medical Group
c/o Berlin-Wheeler Inc. - MO
P. O. Box 463
Jefferson City, MO 65102

St. Charles Medical Group
c/o Berlin-Wheeler, Inc. - MO
P. O. Box 463
Jefferson City, MO 65102

St. Charles Medical Group
c/o Berlin-Wheeler, Inc. - MO
P. O. Box 463
Jefferson City, MO 65102

St. Charles Medical Group
c/o Berlin-Wheeler, Inc. - MO
P. O. Box 463
Jefferson City, MO 65102

St. Charles Medical Group
c/o Berlin-Wheeler, Inc. - MO
P. O. Box 463
Jefferson City, MO 65102

St. Charles Medical Group
c/o Berlin-Wheeler, Inc. - MO
P. O. Box 463
Jefferson City, MO 65102

St. Charles Medical Group
c/o Berlin-Wheeler, Inc. - MO
P. O. Box 463
Jefferson City, MO 65102

St. Joseph Health Center
c/o NCO Financial/55
P. O. Box 13570
Philadelphia, PA 19101

St. Joseph Health Center
c/o NCO Financial/55
P. O. Box 13570
Philadelphia, PA 19101

St. Joseph Hospital West
c/o NCO Financial/55
P. O. Box 13570
Philadelphia, PA 19101

St. Joseph Hospital West
c/o NCO Financial/55
P. O. Box 13570
Philadelphia, PA 19101

St. Joseph Hospital West
c/o PFMS
P. O. Box 731667
Dallas, TX 75373

St. Joseph West Phy Billing
P. O. Box 503859
St. Louis, MO 63150-3859

St. Joseph West Physicians
c/o NCO Financial Systems, Inc.
2135 E. Primrose, Suite Q
Springfield, MO 65804

St. Joseph West Physicians
c/o NCO Financial/55
P. O. Box 13570
Philadelphia, PA 19101

St. Joseph West Physicians
c/o NCO Financial Systems, Inc.
2135 E. Primrose, Suite Q
Springfield, MO 65804

SW Bell Yellow Pages
c/o Joseph, Mann & Creed
20600 Chagrin Blvd., Suite 550
Shaker Heights, OH 44122

SW Bell Yellow Pages
Joseph, Mann & Creed
20600 Chagrin Blvd., Ste. 550
Shaker Heights, OH 44122

SW Bell Yellow Pages
Joseph, Mann & Creed
20600 Chagrin Blvd., Suite 550
Shaker Heights, OH 44122

SW Bell Yellow Pages
Joseph, Mann & Creed
20600 Chagrin Blvd., Suite 550
Shaker Heights, OH 44122

U.S. Department of Labor
c/o Evert H. Van Wijk
Two Pershing Square Bldg.
2300 Main Street, Suite 1020
Kansas City, MO 64108

Vantage Credit Union
4020 Fee Fee Road
Bridgeton, MO 63044

Warren Co. Ambulance
604 Fairgrounds Rd.
Warrenton, MO 63383-4420

**UNITED STATES BANKRUPTCY COURT
Eastern District of Missouri**

In re Jon L. Kramer & Beverly Ann Kramer,
Debtor Case No. _____
Chapter 7 _____

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 12 pages, is true, correct and complete to the best of my knowledge.

Date	<u>10/29/2012</u>	Signature of Debtor	<u>/s/ Jon L. Kramer</u> <u>JON L. KRAMER</u>
Date	<u>10/29/2012</u>	Signature of Joint Debtor	<u>/s/ Beverly Ann Kramer</u> <u>BEVERLY ANN KRAMER</u>

UNITED STATES BANKRUPTCY COURT
Eastern District of MissouriIn Re Jon L. Kramer & Beverly Ann KramerCase No. _____
(if known)**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2012(db)	32,000.00	Business Income
2011(db)	24,775.00	Joint Income
2010(db)	72,904.00	Joint Income

2012(jdb)

2011(jdb)

2010(jdb)

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Citi Mortgage P. O. Box 689196 Des Moines, IA 50368	Monthly	\$1,534.00 per month	\$316,400.00

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after date of adjustment.*

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Citi Mortgage P. O. Box 689196 Des Moines, IA 50368	Monthly	\$1,535.00/month	\$316,400.00

None



c. *All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
--	----------------------	-------------	-----------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Lisa D. Phelps v. Jon Kramer 1211-SC00011	CC - Small Claims	St. Charles County Circuit Division	Judgment Entered against Defendant in the amount of \$5,070.00
Laser Light Technologies Inc. v. Kramer Company 12GA-00002	CC - Contract - Other	Gasconade County	Default Judgment - \$76,500.00
Arrowhead Building Supply, Inc. v. Jon L. Kramer 1011-CV10064	CC - Suit On Account	St. Charles County Circuit Court	Judgment Entered 2/2011 \$41,315.12
Advantage Assets v. Beverly Kramer 10BB-AC00757	A/C Breach of Contract	Warren County, Missouri	Garnishment - U.S. Bank \$1,900
Jon Kramer v. Jonesburg Optimist Club 12BB-SC00025	AC Small Claims over \$100	Circuit Court of Warrent County, MO	Judgment for Defendant Entered 8-15-2012

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Advantage Assets II, Inc. fka Citibank c/o Berman & Rabin	6/2012	U. S. Bank Account Garnishment

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
--	---	-----------------------------------

6. Assignments and Receiverships

None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	--------------------	-----------------------------------

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------	--	---------------	-----------------------------------

7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	-----------------------------------	-----------------	----------------------------------

8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	---	-----------------

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
John C. Maxwell Attorney at Law 1112 B First Capitol Drive St. Charles, MO 6330	August & October 2012	\$1,800.00 + filing fees

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
-------------------------------	---------------------------	--

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
U. S. Bank 502 E. Veterans Memorial Parkway Warrenton, MO 63383	Checking Acct #152313451444 Closing Balance: \$46.18	June 14, 2012
U. S. Bank 502 E. Veterans Memorial Parkway Warrenton, MO 63383	Savings Acct. #252305583772 Closing Balance: \$-0-	June 7, 2012

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	----------------------------	---

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------------	------------------------

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

15. Prior address of debtor

None If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	-----------------------

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-ID. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Kramer Company, LLC	208929183	32307 Key Road Jonesburg, MO 63351	Roofing Company dba Kramer Roofing & Restoration	12/1986--thru Present

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME _____ ADDRESS _____

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, record and financial statements

None a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

Debtors

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

None

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
------	---------

Debtors

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS	DATE ISSUED
------------------	----------------

None

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
-------------------	----------------------	---

None

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF
INVENTORY RECORDS

N/A

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF
STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distribution by a corporation

None If the debtor is a partnership or a corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF
RECIPIENT, RELATIONSHIP
TO DEBTOR

DATE AND PURPOSE
OF WITHDRAWAL

AMOUNT OF MONEY OR
DESCRIPTION AND VALUE
OF PROPERTY

24. Tax Consolidation Group

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds

None

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	10/29/2012	Signature of Debtor	/s/ Jon L. Kramer JON L. KRAMER
Date	10/29/2012	Signature of Joint Debtor	/s/ Beverly Ann Kramer BEVERLY ANN KRAMER

0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.

UNITED STATES BANKRUPTCY COURT
Eastern District of Missouri

Jon L. Kramer & Beverly Ann Kramer

In re

Debtor

Case No.

Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	
Creditor's Name: Citi Mortgage P. O. Box 689196 Des Moines, IA 50368	Describe Property Securing Debt: 32307 Key Road Jonesburg, MO 63351
<p>Property will be (<i>check one</i>):</p> <p><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (<i>check at least one</i>):</p> <p><input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>retain, keep current</u> _____ (for example, avoid lien using 11 U.S.C. §522(f)).</p> <p>Property is (<i>check one</i>):</p> <p><input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

Property No. 2 (<i>if necessary</i>)	
Creditor's Name: Department of the Treasury Internal Revenue Service PO BOX 7346 Philadelphia, PA 19101-7346	Describe Property Securing Debt: 32307 Key Road Jonesburg, MO 63351
<p>Property will be (<i>check one</i>):</p> <p><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (<i>check at least one</i>):</p> <p><input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>retain, keep current</u> _____ (for example, avoid lien using 11 U.S.C. §522(f)).</p> <p>Property is (<i>check one</i>):</p> <p><input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for Each unexpired lease. Attach additional pages if necessary.)

Property No. 1 NO Leased Property		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 3 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)): <input type="checkbox"/> YES <input type="checkbox"/> NO

1 continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my Estate securing debt and/or personal property subject to an unexpired lease.

Date: 10/29/2012

/s/ Jon L. Kramer
Signature of Debtor

/s/ Beverly Ann Kramer
Signature of Joint Debtor

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION
(Continuation Sheet)

PART A - Continuation

Property No: 3	
Creditor's Name: Missouri Department of Revenue PO Box 200 Jefferson City, MO 63105-0200	Describe Property Securing Debt: 32307 Key Road Jonesburg, MO 63351
Property will be <i>(check one)</i> : <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained </div>	
If retaining the property, I intend to <i>(check at least one)</i> : <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>retain, keep current</u> _____ (for example, avoid lien using 11 U.S.C.§522(f)). </div>	
Property is <i>(check one)</i> : <div style="display: flex; justify-content: space-around; align-items: center;"> <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt </div>	

United States Bankruptcy Court
Eastern District of Missouri

In re Jon L. Kramer & Beverly Ann Kramer

Case No. _____

Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 1,800.00
Prior to the filing of this statement I have received \$ 1,800.00
Balance Due \$ 0.00

2. The source of compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

Representation at Debtor(s) 341 Meeting.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of Debtor in any adversary/contested case or matter, for which Debtor agrees to pay Attorney at the rate of \$250.00 per hour.

If Debtor fails to appear at a scheduled 341 meeting, Debtor agrees to pay Attorney an additional fee of \$300.00 prior to counsel attending the re-scheduled meeting.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

10/29/2012

Date

/s/ John C Maxwell

Signature of Attorney

John C. Maxwell, Attorney at Law

Name of law firm

In re Jon L. Kramer & Beverly Ann Kramer
 Debtor(s)
 Case Number: _____
 (If known)

According to the information required to be entered on this statement
 (check one box as directed in Part I, III, or VI of this statement):

The presumption arises.
 The presumption does not arise.
 The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by §707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for “The presumption does not arise” at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input checked="" type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the “exclusion period”). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for “The presumption is temporarily inapplicable” at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed; OR b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.														
2	<p>a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.</p> <p>d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p>														
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	Column A Debtor's Income	Column B Spouse's Income												
3	Gross wages, salary, tips, bonuses, overtime, commissions.														
4	<p>Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p> <table border="1"> <tr> <td>a.</td> <td>Gross receipts</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td>Subtract Line b from Line a</td> <td></td> </tr> </table>			a.	Gross receipts	\$	N.A.	b.	Ordinary and necessary business expenses	\$	N.A.	c.	Business income	Subtract Line b from Line a	
a.	Gross receipts	\$	N.A.												
b.	Ordinary and necessary business expenses	\$	N.A.												
c.	Business income	Subtract Line b from Line a													
5	<p>Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</p> <table border="1"> <tr> <td>a.</td> <td>Gross receipts</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td>Subtract Line b from Line a</td> <td></td> </tr> </table>	a.	Gross receipts	\$	N.A.	b.	Ordinary and necessary operating expenses	\$	N.A.	c.	Rent and other real property income	Subtract Line b from Line a		\$ N.A.	\$ N.A.
a.	Gross receipts	\$	N.A.												
b.	Ordinary and necessary operating expenses	\$	N.A.												
c.	Rent and other real property income	Subtract Line b from Line a													
6	Interest, dividends and royalties.														
7	Pension and retirement income.	\$ N.A.	\$ N.A.												
8	<p>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; If a payment is listed in Column A, do not report that payment in Column B.</p>														
9	<p>Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td>Debtor \$ <u>N.A.</u></td> <td>Spouse \$ <u>N.A.</u></td> </tr> </table>			Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <u>N.A.</u>	Spouse \$ <u>N.A.</u>									
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <u>N.A.</u>	Spouse \$ <u>N.A.</u>													

10	<p>Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.</p> <table border="1"> <tr> <td>a.</td><td>\$</td><td>N.A.</td></tr> <tr> <td>b.</td><td>\$</td><td>N.A.</td></tr> </table> <p>Total and enter on Line 10</p>	a.	\$	N.A.	b.	\$	N.A.	\$	N.A.	\$	N.A.
a.	\$	N.A.									
b.	\$	N.A.									
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$	N.A.	\$	N.A.						
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$			N.A.						

Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	N.A.
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: Missouri b. Enter debtor's household size: 4		\$ 69,378.00

15	<p>Application of Section 707(b)(7). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the "The presumption does not arise" box at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.</p> <p><input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.</p>	
----	---	--

Complete Parts IV, V, VI and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)									
16	Enter the amount from Line 12.	\$	N.A.						
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.								
	<table border="1"> <tr> <td>a.</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>\$</td> </tr> </table>	a.	\$	b.	\$	c.	\$		
a.	\$								
b.	\$								
c.	\$								
	Total and enter on Line 17.	\$	N.A.						
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$	N.A.						

Part V. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A	<p>National Standards: food, clothing and other items. Enter in Line 19A the “Total” amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of person is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>	\$ N.A.																						
19B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" data-bbox="169 853 1292 1043"> <thead> <tr> <th colspan="2">Persons under 65 years of age</th> <th colspan="2">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per person</td> <td>N.A.</td> <td>a2.</td> <td>Allowance per person</td> <td>N.A.</td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td>N.A.</td> <td>b2.</td> <td>Number of persons</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>N.A.</td> <td>c2.</td> <td>Subtotal</td> <td>N.A.</td> </tr> </tbody> </table>	Persons under 65 years of age		Persons 65 years of age or older		a1.	Allowance per person	N.A.	a2.	Allowance per person	N.A.	b1.	Number of persons	N.A.	b2.	Number of persons		c1.	Subtotal	N.A.	c2.	Subtotal	N.A.	\$ N.A.
Persons under 65 years of age		Persons 65 years of age or older																						
a1.	Allowance per person	N.A.	a2.	Allowance per person	N.A.																			
b1.	Number of persons	N.A.	b2.	Number of persons																				
c1.	Subtotal	N.A.	c2.	Subtotal	N.A.																			
20A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>	\$ N.A.																						
20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" data-bbox="169 1486 1292 1655"> <tbody> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rental expense</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	N.A.	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	N.A.	c.	Net mortgage/rental expense	Subtract Line b from Line a		\$ N.A.										
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	N.A.																					
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	N.A.																					
c.	Net mortgage/rental expense	Subtract Line b from Line a																						
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <p>_____</p> <p>_____</p> <p>_____</p>	\$ N.A.																						

	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>													
22A		\$ N.A.												
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$ N.A.												
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td colspan="2">Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	N.A.	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	N.A.	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.		\$ N.A.
a.	IRS Transportation Standards, Ownership Costs	\$	N.A.											
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	N.A.											
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.												
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td colspan="2">Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	N.A.	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	N.A.	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.		\$ N.A.
a.	IRS Transportation Standards, Ownership Costs	\$	N.A.											
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	N.A.											
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.												
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$ N.A.												
26	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$ N.A.												
27	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$ N.A.												
28	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.</p>	\$ N.A.												

29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$ N.A.
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$ N.A.
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$ N.A.
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$ N.A.
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32	\$ N.A.

Subpart B: Additional Living Expense Deductions

Note: Do not include any expenses that you have listed in Lines 19-32.

34	<p>Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td><td>Health Insurance</td><td>\$</td><td>N.A.</td></tr> <tr> <td>b.</td><td>Disability Insurance</td><td>\$</td><td>N.A.</td></tr> <tr> <td>c.</td><td>Health Savings Account</td><td>\$</td><td>N.A.</td></tr> </table> <p>Total and enter on Line 34.</p> <p>If you do not actually expend this total amount, state your actual average expenditures in the space below:</p> <p>\$ _____ N.A. _____</p>	a.	Health Insurance	\$	N.A.	b.	Disability Insurance	\$	N.A.	c.	Health Savings Account	\$	N.A.	\$ N.A.
a.	Health Insurance	\$	N.A.											
b.	Disability Insurance	\$	N.A.											
c.	Health Savings Account	\$	N.A.											
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$ N.A.												
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$ N.A.												
37	Home energy costs Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$ N.A.												
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$ N.A.												

*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$ N.A.
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170 (c)(1)-(2)	\$ N.A.
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.	\$ N.A.

Subpart C: Deductions for Debt Payment

42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total Average Monthly payments on Line 42.				
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	
			Total: Add Line a, b and c		\$ N.A.
43	Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.				
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount		
a.			\$		
b.			\$		
c.			\$		
					\$ N.A.
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.				
					\$ N.A.

<p>Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1"> <tr> <td>a.</td> <td>Projected average monthly Chapter 13 plan payment.</td> <td>\$ N.A.</td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td>x N.A.</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </table>			a.	Projected average monthly Chapter 13 plan payment.	\$ N.A.	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x N.A.	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b						
a.	Projected average monthly Chapter 13 plan payment.	\$ N.A.															
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x N.A.															
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b															
45																	
46	<p>Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.</p>																
47	<p>Subpart D: Total Deductions from Income</p> <p>Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.</p>																
<p>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</p>																	
48	<p>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</p>																
49	<p>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</p>																
50	<p>Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.</p>																
51	<p>60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.</p>																
52	<p>Initial presumption determination. Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 51 is less than \$7,075*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount set forth on Line 51 is more than \$11,725*. Check the "Presumption arises" box at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).</p>																
53	<p>Enter the amount of your total non-priority unsecured debt</p>																
54	<p>Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.</p>																
55	<p>Secondary presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>																
<p>Part VII: ADDITIONAL EXPENSE CLAIMS</p>																	
56	<p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1"> <thead> <tr> <th></th> <th>Expense Description</th> <th>Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$ N.A.</td> </tr> <tr> <td>b.</td> <td></td> <td>\$ N.A.</td> </tr> <tr> <td>c.</td> <td></td> <td>\$ N.A.</td> </tr> <tr> <td></td> <td>Total: Add Lines a, b and c</td> <td>N.A.</td> </tr> </tbody> </table>			Expense Description	Monthly Amount	a.		\$ N.A.	b.		\$ N.A.	c.		\$ N.A.		Total: Add Lines a, b and c	N.A.
	Expense Description	Monthly Amount															
a.		\$ N.A.															
b.		\$ N.A.															
c.		\$ N.A.															
	Total: Add Lines a, b and c	N.A.															

Part VIII: VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. (*If this a joint case, both debtors must sign.*)

57

Date: 10/29/2012 Signature: /s/ Jon L. Kramer
(Debtor)

Date: 10/29/2012 Signature: /s/ Beverly Ann Kramer
(Joint Debtor, if any)

Form 22 Continuation Sheet

Income Month 1		Income Month 2			
Gross wages, salary, tips...	3,192.67	0.00	Gross wages, salary, tips...	5,716.84	0.00
Income Month 3		Income Month 4			
Income from business...	0.00	0.00	Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00	Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00	Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00	Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00	Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00	Unemployment...	0.00	0.00
Other Income...	0.00	0.00	Other Income...	0.00	0.00
Income Month 5		Income Month 6			
Gross wages, salary, tips...	3,879.29	1,085.38	Gross wages, salary, tips...	4,791.09	940.30
Income from business...	0.00	0.00	Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00	Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00	Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00	Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00	Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00	Unemployment...	0.00	0.00
Other Income...	0.00	0.00	Other Income...	0.00	0.00
Additional Items as Designated, if any					
Remarks					